

# Request for Reconsideration Form



*Please consult the Norfolk Public Library's policies for information on how and why the library selects resources.*

What resource are you requesting that the library reconsider?

Book     Movie     Audio Recording     Magazine/Newspaper     Display  
 Program     Digital Library Resource     Other: \_\_\_\_\_

Title/Name of Resource: \_\_\_\_\_

Author/Producer (if applicable): \_\_\_\_\_

1. What brought this material to your attention?

2. Have you examined the material in its entirety? Yes/No      If no, what parts did you examine?

3. What concerns you about this material?

4. What value do you see in the material?

5. What action do you think the library should take?

6. Are there resource(s) you would suggest to provide other viewpoints on this topic?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

If representing an organization, please name the organization: \_\_\_\_\_

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Signature

Date